

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031087

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/	①	/	/		
5	/		/			
6		/		/		
7		②		/		
8		③		/		
9		④		/		
10		⑤		/		
11		⑥		/		
12		⑦		/		
13		⑧		/		
14		⑨		/		
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43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	3		3			
TOTAL DEP.	13		26			
TOTAL CLAIMS	16		29			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS